

AMENDMENT / RESPONSE TRANSMITTAL

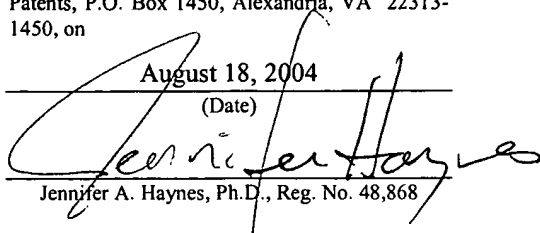
Applicant : Goddard et al. (as amended)
 App. No. : 10/063,530
 Filed : May 2, 2002
 For : ANTIBODIES THAT
 RECOGNIZE A
 POLYPEPTIDE
 OVEREXPRESSED IN
 RECTAL TUMORS (as
 amended herein)
 Examiner : Jegatheesan Seharaseyon
 Art Unit : 1647

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

August 18, 2004

(Date)


 Jennifer A. Haynes, Ph.D., Reg. No. 48,868

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

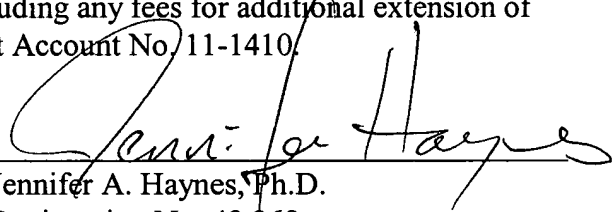
Transmitted herewith for filing in the above-identified application are the following enclosures:

- (X) Amendment and Response to Office Action in 16 pages.
- (X) A Correction of Inventorship under 37 CFR §1.48(b).
- (X) Exhibit A: Copy of Declaration of J. Christopher Grimaldi.
- (X) Exhibit B: Copy of Declaration by J. Christopher Grimaldi.
- (X) Exhibit C: Copy of Declaration of Dr. Paul Polakis.
- (X) Exhibit D: Article by Orntoft et al.
- (X) Exhibit E: Article by Hyman et al.
- (X) Exhibit F: Article by Pollack et al.
- (X) Exhibit G: Copy of Declaration of Avi Ashkenazi, Ph.D.
- (X) Exhibit H: Article by Hanna and Mornin.
- (X) An Information Disclosure Statement.
- (X) A PTO Form 1449 with 1 references.
- (X) A Notice to Comply
- (X) A Response to Notice to Comply in 2 pages and copy of a Sequence Listing.

The fee has been calculated as shown below:

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Total Claims	5 - 20 = 0	1202 (\$18)	0 x 18 =	\$0
Independent Claims	1 - 3 = 0	1201 (\$86)	0 x 86 =	\$0
Multiple Claim		1203 (\$290)		\$0
1 Month Extension		1251 (\$110)		\$0
2 Month Extension		1252 (\$420)		\$0
3 Month Extension		1253 (\$950)		\$0
Deletion of Inventors		1808 (\$130)		\$130
			TOTAL FEE DUE	\$130

- (X) A check in the amount of \$130 is enclosed.
- (X) Return prepaid postcard.
- (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.



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